Fill	in this information to identify your ca	ase:				Ī		
	otor 1 Amanda Jo							
1	otor 2				_			
Uni	ted States Bankruptcy Court for the	: WESTERN DISTRIC	Γ OF WASHINGTON					
Cas	se number 16-43404					Check if thi	s is:	
(If kr	nown)		-			■ An ame	nded filina	
						☐ A supp	ement showir	ng postpetition chapter following date:
O.	fficial Form 106I					MM / D	D/ YYYY	
S	chedule I: Your Inc	ome				IVIIVI / D	D/ 1111	12/1
	Fill in your employment					I case number	(if known).	
	information.							iling spouse
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed			☐ Employed ☐ Not employed		
			☐ Not employed			ШN	ot employed	
		Occupation	Engineer					
	Include part-time, seasonal, or self-employed work.	Employer's name	STATE OF WAS	HINGT	ON			
	Occupation may include student or homemaker, if it applies.	Employer's address	DEPT OF GENE ADMINISTRATION POB 41012 Olympia, WA 98	ON	12			
		How long employed t	here?					
Par	t 2: Give Details About Mor	nthly Income						
	mate monthly income as of the d	•	you have nothing to r	eport for	anv	line write \$0 in	the space. In	clude your non-filing
	use unless you are separated.	,	you have houring to t	op 0.10.	 ,		шо орасот	olado your mon illing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the informatio	n for all e	emplo	oyers for that p	erson on the I	ines below. If you need
						For Debtor 1		ebtor 2 or ing spouse
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	5,522.	00 \$	N/A
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.)0 +\$	N/A

5,522.00

\$

N/A

Calculate gross Income. Add line 2 + line 3.

Deb	tor 1	Amanda Jo Hawkins	_	Case	number (if known)	16-4	43404	
	Conv	y line 4 here	4.	For \$	Debtor 1 5,522.00	no	r Debtor 2 or n-filing spouse N/A	
_				* —	0,022.00	_	NA	_
5.		all payroll deductions:	_	•				
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	\$_ \$	1,214.80		N/A	-
	5c.	Voluntary contributions for retirement plans	5c.	*— \$	337.94 30.00	- :-	N/A N/A	-
	5d.	Required repayments of retirement fund loans	5d.	\$ 	0.00	_ ' _	N/A	=
	5e.	Insurance	5e.	\$_	110.36	_ : _	N/A	-
	5f.	Domestic support obligations	5f.	\$	0.00		N/A	-
	5g.	Union dues	5g.	\$	46.94	\$	N/A	-
	5h.	Other deductions. Specify:	5h.+	\$	0.00	_ + \$ _	N/A	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,740.04	. \$_	N/A	-
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,781.96	\$_	N/A	-
8.	List and 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$_	0.00		N/A	-
	8e.	Social Security	8e.	\$	0.00		N/A	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	N/A	-
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	-
	8h.	Other monthly income. Specify:	8h.+	*	0.00	_ + \$_	N/A	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$_	N/A	<u> </u>
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		3,781.96 +	S	N/A = \$	3,781.96
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not ify:	depen					0.00
12.		the amount in the last column of line 10 to the amount in line 11. The resent that amount on the Summary of Schedules and Statistical Summary of Certaines					12. \$	3,781.96
13.	Do y	ou expect an increase or decrease within the year after you file this form	?				Combir monthly	ned y income
		No.						
		Yes. Explain:						

Fill	in this information to identify your case:				
Deb	Amanda Jo Hawkins		Check	if this is:	
			_	amended filing	
	ouse, if filing)				ving postpetition chapter the following date:
Unit	ted States Bankruptcy Court for the: WESTERN DISTRICT OF W.	ASHINGTON	<u></u>	MM / DD / YYYY	
	nown) 16-43404				
(11 K	nowii)				
0	fficial Form 106J				
S	chedule J: Your Expenses				12/15
info	as complete and accurate as possible. If two married peopormation. If more space is needed, attach another sheet to mber (if known). Answer every question. t 1: Describe Your Household				
1.	t1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?				
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expe</i>	enses for Separate House	ehold of Debto	or 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Yes. Fill out this information each dependent			Dependent's age	Does dependent live with you?
	Do not state the dependents names.				□ No □ Yes
					□ No
					☐ Yes
					□ No □ Yes
					□ Yes □ No
					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				
Par	t 2: Estimate Your Ongoing Monthly Expenses				
Est	imate your expenses as of your bankruptcy filing date unle benses as of a date after the bankruptcy is filed. If this is a blicable date.				
	lude expenses paid for with non-cash government assista				
	value of such assistance and have included it on <i>Schedul</i> ficial Form 106I.)	le I: Your Income		Your expe	enses
4.	The rental or home ownership expenses for your resident payments and any rent for the ground or lot.	ice. Include first mortgag	e 4. \$		1,200.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues		4c. \$ 4d. \$		100.00 0.00
5.	Additional mortgage payments for your residence, such a	as home equity loans	5. \$		0.00

6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17evour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106I). 17b. Char payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106I). 17c. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: 17d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: 17d. Maintenance, repair, and upkeep expenses 17d. Homeowner's association or condominium dues	Sa. \$ 5b. \$ 5c. \$ 50. \$	200.00 75.00 260.00 0.00 350.00 100.00 100.00 160.00 100.00 0.00 0.
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: 17d. Own payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 17d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20c. Homeowner's association or condominium dues 20ther: Specify: 22a. Add lines 4 through 21.	Sb. \$ Sc. \$	75.00 260.00 0.00 350.00 100.00 100.00 160.00 100.00 0.00 0.
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 17d. Other payments you make to support others who do not live with you. 17d. Other payments you make to support others who do not live with you. 17d. Other payments you make to support others who do not live with you. 17d. Other payments you make to support others who do not live with you. 18d. Specify: 19d. Real estate taxes 20d. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Homeowner's association or condominium dues 20d. Homeowner's association or condominium dues 21d. Add lines 4 through 21.	Sb. \$ Sc. \$	75.00 260.00 0.00 350.00 100.00 100.00 160.00 100.00 0.00 0.
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Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: 0ther real property expenses not included in lines 4 or 5 of this form or on Schedule I: 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 0ther: Specify: 22a. Add lines 4 through 21.	9. \$	100.00 100.00 160.00 310.00 100.00 0.00 0.00 130.00 0.00
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Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Calculate your monthly expenses 22a. Add lines 4 through 21.	1. \$	160.00 310.00 100.00 0.00 0.00 130.00 0.00
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Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 15deducted from your pay on line 5, Schedule I, Your Income (Official Form 106l). 15der real property expenses not included in lines 4 or 5 of this form or on Schedule I: 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20ther: Specify: 22claculate your monthly expenses 22a. Add lines 4 through 21.	3. \$	0.00 0.00 0.00 130.00 0.00 0.00 0.00
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Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Calculate your monthly expenses 22a. Add lines 4 through 21.	-	0.00
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Other: Specify: 2 Calculate your monthly expenses 22a. Add lines 4 through 21.	d. \$	0.00
Calculate your monthly expenses 22a. Add lines 4 through 21.	e. \$	0.00
Calculate your monthly expenses 22a. Add lines 4 through 21.	21. +\$	0.00
22a. Add lines 4 through 21.	· -	0.00
•		
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	3,085.00
, , , , , , , , , , , , , , , , , , , ,	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	3,085.00
Calculate your monthly net income.		
,	Ba. \$	3,781.96
23b. Copy your monthly expenses from line 22c above.	Bb\$	3,085.00
		•
23c. Subtract your monthly expenses from your monthly income.		200 22
The result is your monthly net income.		696.96
Do you expect an increase or decrease in your expenses within the year after you file to For example, do you expect to finish paying for your car loan within the year or do you expect your mortgamodification to the terms of your mortgage?	3c. \$	
■ No.	his form?	ease or decrease because o
Yes. Explain here:	his form?	ease or decrease because o

Fill in this information to identify your case:					
Debtor 1	Amanda Jo Hawk	ins			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	WESTERN DISTRICT O	OF WASHINGTON		
Case number	16-43404				
(if known)					

■ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below	
Did y	ou pay or agree to pay someone who is NOT an attorney to	o help you fill out bankruptcy forms?
	No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
that that the X /s	r penalty of perjury, I declare that I have read the summary hey are true and correct. s/ Amanda Jo Hawkins Amanda Jo Hawkins Signature of Debtor 1	X Signature of Debtor 2